troduced any new incentives $t_0$ popularise the small family norms especially in States like Uttar Pradesh, Madhya Pradesh, Bihar, Rajasthan and Haryana; and

(b) if so, the details thereof and the results achieved?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI , SAROJ KHAPARDE): (a) and (b) The new initiatives under the draft revised strategy include; enhancing community participation by setting up Popular Committees at States, District and Block levels, raising village level volunteer corps, providing assistance to grassroots level voluntary organisations through Standing Committee on voluntary Action; adopting improved communication approaches by launching special communication campaigns for identified target groups, and professionalising the production of communication materials; improving programme management and supervision by strengthening the existing staffing pattern for direction and administration, updating of eligible couple registers and restructuring of the Headquarters organisation in the Department; improving the quality of services by undertaking technical training programmes 'or medical and para-medical workers and providing recanalisation services by establishment of micro surgery recanalisation. centres; intensifying population education and enhancing child survival rates through the Universal Immunisation Programme. The impact of new initiatives will be visible in due course. No new incentives have, however, been introduced by the Central Government.

**Lack of postmortem facility AHMS**

2456. SHRI J. P. GOYAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government attention $ha_s$ been drawn to a nawa item which appeared in the Hindustan Times dated 3rd March 1987 with the caption 'If only the dead could complain ____ ' wherein it has been reported that about half a dozen bodies that were taken to the AIIMS, New Delhi for a post mortem on 2nd March, 1987 had to be referred from one hospital to another but there were no acceptors;

(b) if so, what, are the details i» this regard;

the reasons for such an attitude; and

(d) whether any instructions are to be issued to the hospitals in this regard and if so, what are the details in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) *to* (d) Since the total number of post mor-tems conducted annually at All India I Institute of Medical Sciences has gone upto more than 1700 cases as compared to 165 in 1966, the Institute hag been finding it difficult *to* cope up with the work. The Institute has been requesting that the routine post mortem work of South Delhi Dist. (except cases arising at AIIMS) be transferred to other hospitals. It wag decided to create the requisite facilities at the Safdarjang hospital by 28. 2. 87 to take on the additional load of post mortem work. AH India Institute of Medical Sciences stopped taking the additional post mortem work w. e. f. 1. 3. 1987. However, since $th_e$ Safdarjang hospital was not ready to take on the post mortem work, the All India Institute of Medical Sciences was directed to continue to attend to the post mortem work pending creation of necessary facilities at Safdarjang hospital. The. Safdarjang hospital is likely to undertake the extra load of post mortem work very shortly and thus

. reuev$_e$ the pressure o$_n$ the All India Institute of Medical Sciences.

**Combination ©f analgin with tetra-cycline and Vitamin 'C**

2457. SHRI B. V. ABDULLA KOYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether the combinations of tetracycline, an algin and Vitamin 'C are allowed for marketing in the country;

(b) if so, what are the names of brand being marketed in India alongwith the names of drug companies;

(c) whether Drug Consultative Committee recommended banning the marketing of combinations of these drugs;

(d) whether combination of tetra cycline and Vitamin-C are banned for marketing in the country; and

(e> if so, what is the reason in allowing the marketing of combinations of tetracycline, analgin and Vitamin-C when such a combination has been found to be dangerous?

THE MINISTER. OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a)$_{(}$ (c), (d) (e) on the advice of Drugs Technical Advisory Board and Drugs Consultative Committee the Government has issued a notification on 23-7-1983 prohibiting manufacture and sale of Fixed dose combinations of (i) Vitamins with Analgesics and (ii) Tetracycline with Vitamin-C.

(b) Government of India is not aware of aiiy combinations of Tetracycline, Analgin and Vitamin-C being allowed for marketing in the country.

**Dangerous effects of Oxyphettbuta-zone and Phenylbutazone**

2458. SHRI B. V. ABDULLA KOYA; Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that medicines based on Oxyphenbutazone and Phenylbutazone are being sold in the country;

(b) whether this drug has caused high incidence of fatal blood disease;

(c) whether it is a fact that it has been withdrawn by the manufacturers in many countries because of its dangerous effects; and

Cd) if so, what are the reasons for being sold in the country?

THE MINISTER. OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) Yes Sir.

(b) Adverse a blood reactions with the drugs have been reported in vulnerable minority population.

(c) While preparations containing Oxyphenbutazone and Phenylbutazone have been withdrawn from Norway, Israel, U. K., Finland, Zimbabwe, Jordan, United Arab Emirates they continue to be marked in any other countries.

(d) The experts consulted in the matter were of the opinion that the drugs Oxyphenbutazone and Phenylbutazone are useful drugs and [is] no case of total withdrawal of these drugs from the market. The us$_e$ of these drugs have been restricted for the treatment of ankylosing spondylitis and gouty arthritis only.